MERCED COUNTY CHILDREN AND FAMILIES COMMISSION

STRATEGIC PLAN

March 23, 2000

TABLE OF CONTENTS

-1-

EXECUTIVE SUMMARY

California voters passed Proposition 10 in November 1998 starting the process that has led to the creation of the Merced County Children and Families Commission's Strategic Plan. The intention of the proposition is to use funds, generated by taxing tobacco products, to provide increased support for the optimal development of children from conception through age five. The importance of early childhood development is increasingly recognized as key to future success in school and other aspects of a child's physical, emotional and mental development. Eighty (80) percent of the total funds are to be used at the county level, based upon the needs identified within each county, to provide parental support and child focused services so that children can have the best possible start in the first five years of life. It is understood that services will target families with women from before conception through pregnancy and children from before birth through age five. The local allocation of funds through a competitive Request for Proposal process encourages creative, innovative projects that serve to enhance, not supplant current levels of services.

The Merced County Children and Families Commission's Strategic Plan is designed to serve as a guideline for three purposes:

- For developing proposals to use funds created by the Children and Families First Act of 1998,
- For delivering integrated and supportive services to families with child-bearing women and young children and
- For evaluating the effectiveness of services as the basis for future planning and funding.

Development of the plan for Merced County followed the passage of a county ordinance establishing the local Commission of nine members and their subsequent appointment of a Technical Professional Advisory Committee to assist them. Guidelines, created by the Children and Families State Commission, were used as a basis for the planning efforts. The County Plan has recognized guiding principals that are key to the content of the Merced County Plan:

- Programs should be developed as part of an integrated, well-coordinated service delivery system.
- The programs will demonstrate results-based accountability. This includes data collection and evaluation that will document not only service delivery, but also the outcomes or results that occur in the lives of the children and families served.

The Commission developed the following mission statement to help guide the planning process:

> **All children in Merced County will thrive in supportive, loving and nurturing environments, enter school healthy and ready to learn and become productive, well adjusted members of society.**

The Merced County Children and Families Commission's Strategic Plan outlines strategies for program and service funding priorities in four strategic result areas.

1. Improved Service Delivery for Families: Healthy Community Systems
2. Improved Family Functioning: Strong Families
3. Improved Child Development: Children Learning and Ready for School
4. Improved Child Health: Healthy Children.

The Merced County Children and Families Commission through the Advisory Committee, developed philosophy statements to guide the planning and evaluation process. The philosophy statements are:

- All services will be respectful of the families served and will be based upon a mutually agreeable plan for services developed with these families.
- Services will reflect the diversity in language, culture, geographic location, socio-economic status and educational and literacy levels of the families.
- Services should support prevention, early intervention, as well as follow-up beyond the immediate crisis or need.
- Services may be home-based, agency-based, or delivered in other innovative and family-accessible settings.
- Services must directly affect children from before birth through age five.
- Services will provide advocacy for children and their families, as well as teach them to advocate for themselves.

The Advisory Committee conducted a community assessment process that included mapping the locations of existing service sites; preparation of a report on a hypothetical situation which reflected the various service scenarios which mothers and children might face in Merced County; a review of the findings in various existing community needs assessments recently conducted by agencies in the county and an extensive effort at public input through the use of multiple focus groups. These efforts provided insight into public and provider desires for programs and services and the gaps and barriers, which exist to achieve those desired programs and services.

The Commission has identified sixteen (16) broad goals and eighty (80) implementation strategies in the four (4) focus areas that, if each could be addressed through new programs and services, would substantially improve upon the outcomes and futures of children in Merced County.

The Commission intends to distribute the funds made available as a result of Proposition 10 through the RFP process to organizations committed to joining the Commission in achieving the results and outcomes desired. In FY 00-01, the Commission will distribute up to $3.5 million in the community. The Commission desires to exercise as much flexibility as possible in this RFP process and has chosen not to allocate funds in any proportional manner to the various focus areas. All proposals will be evaluated on their individual merits and those judged most complete and consistent with this Strategic Plan by a Sub Committee of the Commission will be funded. Funds will not be awarded which would supplant any existing program or service funding.

This Strategic Plan is the first step in a continuous planning and evaluation process that will direct the use of local Proposition 10 funding and service delivery. Annual review and revision of the Strategic Plan will assure that the Plan offers the most current and useful guidance to promote optimal development opportunities for our young children and their future.

CHILDREN AND FAMILIES FIRST ACT OF 1998 - THE MERCED COUNTY RESPONSE

Following the passage of Proposition 10 in November of 1998 by the voters of California, the Merced County Board of Supervisors adopted an ordinance in December, 1998 establishing the Merced County Children and Families Commission and a Trust Fund to receive the County's allocation of this new Tobacco tax revenue. The ordinance was amended in March of 1999 after Board members gave further consideration to both the size of the Commission, the procedure to select individual Commissioners and an overall administrative structure and process to facilitate the implementation of Proposition 10 in Merced County. The amended ordinance set the Commission size at nine (9) members with each Supervisor allowed to appoint an individual from his/her Supervisory District. The Director of Public Health was included as an Ex-Officio member of the Commission serving as Commission Secretary and to be responsible for the administrative implementation of Proposition 10 (personnel, fiscal management, etc.) with the substantive program policy direction and funding decisions coming from the full Commission.

Composition of the Merced County Children and Families Commission

NAME	REPRESENTING	TERM
Supervisor Gloria Cortez-Keene, Chair	Merced County Board of Supervisors	-
Dianne Almanza	Organizations Promoting Prevention/ Intervention of Families at Risk District 1	03/23/99 - 03/23/00
Gaye Riggs	Special Children's Population District 2	03/23/99 - 03/23/02
Shirley Brown, R.N.	Acute Health Care Institutions District 3	03/23/99 - 03/23/00
Marilyn Mochel, R.N.	Nurse Educator Community Based Organization District 4	03/23/99 - 03/23/00
Ron Tiffee, Vice Chair	School Districts - District 5	03/23/99 - 03/23/01
Grover Omyer	Social Services	03/23/99 - 03/23/01
Margaret Philp, M.D.	County Health Officer	03/23/99 - 03/23/00
Victor Montoya	Behavioral Services	03/23/99 - 03/23/02
Michael Ford, M.P.H.	Ex-Officio, Commission Secretary	-

Revised 3/07/00

The Commission held its first meeting on April 23, 1999 and has met monthly thereafter. Given the primary occupational functions and other time constraints of its members, the Commission recognized the value of appointing an advisory committee consisting of local public and private officials with a wide range of knowledge and expertise in early childhood development issues. The Technical Professional Advisory Committee (TPAC) was established with a charge to develop a Strategic Plan for consideration by the Commission with a completion target date of March 2000.

Composition of the Technical Professional Advisory Committee	
NAME/TITLE	**AFFLILATION**
Michael Ford, Director of Public Health	Children and Families Commission Ex-Officio
Vacant Program Administrator	Children and Families Commission Merced County Department of Public Health
Lee Anderson Director of Special Education	Merced County Office of Education
Melodie Archer Program Manager	Child Protective Services Human Services Agency
Barbara Ayers Program Coordinator	Dos Palos High School
Kim Bird Director, Counseling Department	A Woman's Place
Brenda Bull Program Manager	Perinatal Substance Abuse Program Merced County Mental Health Department
Vi Colunga Director of Ambulatory Care	Sutter Merced Medical Center
Eva de Long Director	Livingston Child Development Center
Cora Gonzales Director of Operations	Livingston Medical Group
Dennis Haines Director	Family Resource Council
Martha Lopez Nutrition & Family Consumer Advisor	UC Cooperative Extension
Nancy Midcalf Director	WIC Program
Lucille Milani Business Division Chair	Early Childhood Development Program Merced College
Christine Noguera Chief Operations Officer	Golden Valley Health Centers, Inc.
Julie Raefield-Gobbo Program Coordinator	Healthy House
Janet Spangler Program Manager	Merced County Mental Health Department
Iantha Thompson Program Manager	CMS/CHDP/CCS Merced County Department of Public Health
Christiane Traub Director	Head Start
Betty Wetters Program Manager	Maternal and Child Health Merced County Department of Public Health

The TPAC met with great frequency throughout the remainder of 1999 and early 2000 to further define its role; develop a process to successfully complete a Strategic Plan; conduct a community assessment in a variety of ways; identify indicators and outcomes; prioritize program and service strategies for possible funding and to produce a comprehensive yet practical draft Strategic Plan for the Commission.

The TPAC established the time frame for the completion of its assignment to be March 2000, which would allow ample time for public input, and community assessment yet be accomplished as quickly as possible. The Committee decided to pursue both needs-based and assets-based methods to assess existing community dynamics for parents and children ages 0 - 5. Included within that process would be an emphasis on public input through focus groups, mapping of resources, development of descriptive services and need scenarios and a review of existing community assessment reports and documents. The Committee was also attentive to the Strategic Plan Guidelines issued by the State Commission and the emphasis on outcomes and evaluation. Those activities would culminate in establishing a list of recommended program and service goals and strategies to be funded by the Commission; each with identified measurement indicators and the desired results which would evolve from funding those programs and services.

The TPAC reported to the Commission each month on its progress and presented two (2) comprehensive informational presentations to the Commission on locations and extent of existing services. Upon adoption of the Strategic Plan the Committee will continue to meet in an advisory capacity to the Commission to review and discuss early childhood development issues, the programmatic implementation of Proposition 10, to serve as an ad hoc evaluation forum for those activities and to assist in the annual review and revision of the Strategic Plan.

-3-

VISION AND MISSION OF THE MERCED COUNTY CHILDREN AND FAMILIES COMMISSION

VISION STATEMENT

All children in Merced County will thrive in supportive, loving and nurturing environments, enter school healthy and ready to learn and become productive, well-adjusted members of society.

All children in Merced County will live in an environment that:

- ❖ is emotionally and physically safe
- ❖ has adequate food, clothing and shelter
- ❖ is intellectually stimulating and challenging
- ❖ provides adequate health care in sickness and in health
- ❖ promotes the development of productive, well-adjusted members of society

MISSION STATEMENT

To provide for the optimal physical, emotional and intellectual growth of the young children of Merced County, the Commission will:

- ❖ identify the issues and service needs relating to the early development of children from the prenatal stage to age five

- ❖ develop a comprehensive plan of how those issues and needs can be addressed while acknowledging and supporting the strength of families and the cultural diversity of the community, and

- ❖ facilitate, through funding priorities and disbursements of proposition 10 funds, the creation, implementation or enhancement of integrated and collaborative preventive services and programs which will result, in measurable terms, in the optimal early development and future potential of our children.

-4-

THE MERCED COUNTY PROFILE

Merced County is a medium-sized county in the heart of the San Joaquin Valley, the agricultural hub of the state. The County's abundant flat land and nearby sources of water (i.e., the San Joaquin River and its tributaries, O'Neill Forebay and the San Luis Reservoir) support the county's primarily agricultural economy. While the population is distributed in rural, urban and suburban areas, most people live along the central Highway 99 corridor that bisects the county. Interstate 5 also crosses the county through the large, lightly populated, but growing Westside area.

The total population of Merced County in January, 1999, was 206,887, a 2.1% increase over 1998 figures. The City of Merced, with a population of 62,799 continues to be the largest community, followed by Atwater (22,227), Los Banos (22,201), Livingston (10,565), Dos Palos (4,457), and Gustine (4,279). Another 80,359 people live in unincorporated rural areas. The number of people per household averaged about 3.02 individuals per home.

According to the 1990 census, the largest age groups in the county were those individuals between 5 and 17 years of age (23.8 % of the population) and those individuals between 25 and 34 (17.4 % of the population). The county is relatively young, with individuals between 5 and 44 comprising an estimated 65.2 % of the population. Recent data sources (1998) estimated that 24,105 of the county's children were 0 to 5 years old.

Between 1990 and 1997, the county population grew by approximately 21,800 people. This growth resulted from a total of 29,072 births, 8,390 deaths, net migration of 1,119, net immigration of 10,257 and net domestic migration of –9,139. During that period immigration accounted for 61% of the county's growth.

These high immigration percentages have often led to a description of Merced County as one of the most diverse counties in the state, given the large number of residents who were born outside of the U.S. In more strict terms, diversity within these recent immigrant populations is somewhat limited. Within the category of immigrants described as Hispanic, new arrivals are predominantly from the western and border states of Mexico, with very few immigrants from other parts of Mexico or Central or South America. Within the broad category described as Asian/Pacific Islander, the entire Indian subcontinent with its array of diverse ethnicity is represented locally by families who have immigrated primarily from the Punjab State. Other recent immigrants who are classified as Asian are predominantly from Laos and Vietnam.

The majority of immigrating families are from rural homelands and villages where agrarian lifestyles may effect education levels, literacy and adaptability to the parenting expectations of the new community, which is, itself, predominantly agricultural.

During the 1990's, the race/ethnic distribution in California as a whole shifted from larger numbers of Whites to larger percentages of Hispanics, Asians and Pacific Islanders. This shift was also reflected in Merced County resulting from both immigration trends and from a natural increase of births minus deaths in the Hispanic population. An increase in the number of residents in the category of Asian/Pacific Islanders was due primarily to immigration. The local decrease in Merced County's White Anglo-American population between 1992 and 1996 was due in part to the closure of Castle Air Force Base.

The California Department of Finance estimates that the race/ethnic make up of the county as of 1996 was:

- White (Anglo-Americans) 50%
- Black (African-Americans) 4%
- Asian/Pacific Islander 10%
- Hispanic 35%
- Native American 1%

As in California as a whole, the race/ethnic make up of Merced County births during 1997 demonstrated a trend towards an increasing percentage of children born to Hispanic parents:

- White 31.6%
- Black 3.6%
- Asian/Pacific Islander 11.9%
- Hispanic 52.2%
- Native American 0.5%

In the 1997-98 public school population of 49,068 students, Hispanic students were the largest group:

- White 34.6%
- Black 4.8%
- Asian/Pacific Islander 12.9%
- Hispanic 47.4%
- Native American 0.3%

In the Spring, 1998 school language census, 15,589 (31.8%) of the 49,068 children in the public schools in Merced County were considered to be of limited English proficiency. The largest number, 10,989 of those students, spoke Spanish. There were 3,349 who spoke Hmong, 402 who spoke Mien, 161 who spoke Lao and 300 who spoke Punjabi.

Unfortunately, a lack of English proficiency and low levels of literacy hamper a significant number of immigrant families in their search for work. The unemployment rate is typically at twice the rate as the State.

A large part of the county's economy has been based on agriculture and food processing industries that depend upon work performed for low wages without fringe benefits. The area is still recovering from the 1995 closure of the Castle Air Force Base, which was a major employer in the area. Pacific Bell recently opened services at the former base providing some new job opportunities. Construction is scheduled to start soon on the tenth University of California campus to be located east of the City of Merced. Many residents of Los Banos, the county's fastest growing community, have taken advantage of job opportunities available by commuting to the Bay Area for work.

According to the 1997 Department of Finance data, Merced County's per capita income in 1995 was $15,653, which fell well below that of California's per capita income of $24,090 and represented a decrease of over 10% from 1985 incomes, when adjusted for inflation.

As of July 1996, Merced County ranked 56 out of 58 counties in the number of children in the 0-17 age group living in poverty. During that year, the number of children in the 0-4 year old age group living in poverty was estimated at 8,859 individuals (38.4% of all 0-4 year olds.)

As of 1998, 7,086 (<30%) of Merced County's 24,105 children in the 0-5 age group received TANF, (Temporary Assistance to Needy Families), with the county ranked 53 out of 58 counties for this indicator by Children Now.

Of the entire county population, an estimated 47.3% have incomes of less than 200% of the Federal Poverty Level. The county Human Services Agency reports that 20% of the total population receives some form of cash/subsistence assistance.

Many of the adults in the county have limited educational levels. A total of 43.4% of all mothers giving birth in 1997 had less than twelve years of education. 47.6% of the fathers of infants born that year had less than twelve years of education.

The predominant socioeconomic, demographic and ethnic characteristics of Merced County make delivery of health care, early childhood development and family preservation services particularly challenging.

-5-

COMMUNITY ASSESSMENT

Overview of the Assessment Process

An assessment of the county's resources, needs and problems, gaps, and barriers relating to early childhood development was the first step in developing a Strategic Plan to be used as the basis for allocation of funds. The Technical Professional Advisory Committee (TPAC) recommended four basic approaches to inform the Merced County Children and Families Commission members and others with an interest in the county's Strategic Plan. Those approaches included:

1. Mapping of existing resources in the three focus areas to be addressed in the plan: early childhood education and care; maternal and child health; and family support. (A complete set of maps and supporting documents is included as Appendix A.)
2. Developing descriptive scenarios and a matrix of services illustrating the differences in eligibility and service delivery for four families of different socio-economic, cultural, linguistic, and educational backgrounds living throughout the county. (A complete set of materials from this effort is included as Appendix B.)
3. Reviewing recent existing advocacy group publications and community assessment documents that relate to the target population of children from prenatal through age five. (A complete list of the existing community assessments and other documents reviewed is included as Appendix C.)
4. Holding a series of focus groups to gather input from both families who may be consumers of services and of service providers who have experience serving the target population.

Early in the planning process the Merced County Commission requested information about resources, the needs affecting the target population, gaps in services available, and barriers to the use of services. The mapping, scenarios, and service matrix were developed and presented in two sessions to the Commission. Members of the TPAC also reviewed and summarized existing advocacy group publications and community assessment documents to supplement information for the strategic plan.

A more thorough description of the focus group planning and implementation, as well as actual responses, is included in Chapter 6.

Information provided by these extensive community assessment activities conducted by the TPAC are summarized in the following sections:

CONDITIONS IMPACTING CHILDREN'S DEVELOPMENT (PRENATAL THROUGH AGE FIVE) IN MERCED COUNTY

There are a wide variety of conditions impacting family functioning and the optimal development of very young children. Many of these were identified in a variety of assessment activities and documents.

- Poverty affects many pregnant women and children from conception through age five. This is tied to lack of a diverse economic base high unemployment rates (especially tied to seasonal

work opportunities), lack of job skills, low literacy levels, lack of English-language competency, lack of legal immigration status, and teen parenthood.

- Many children are being raised in families impacted by substance abuse (both prenatally and within the family unit), domestic violence, and mental health problems. These problems affect the resources available to the family, as well as parenting practices and the physical, mental, cognitive, and emotional development of infants and children.

- High rates of teen parenthood increase the likelihood of inadequate parenting, poor school performance, and health problems among children born to teens, as well as the increased likelihood of long-term poverty.

- Lack of English language proficiency and low literacy levels impact parental ability to obtain and use available information and services that support parenting efforts and healthy family functioning.

- Health care, social service, and family support service providers are primarily located in the larger communities, usually in Merced. In many cases, there is not adequate capacity to serve all clients needing services, even when service sites are located in out-lying areas.

- Health care and family support service providers are likely not to have adequate interpretive capability for non-English proficient consumers. Even when these services have interpretive capability, there often is insufficient capability to meet the needs and, especially in health care settings, the interpreters may not be well trained to provide quality services. Spanish language interpretation is much more available than interpretation for Hmong, Lao, Mien, and Punjabi. Family members, including children, may be asked to interpret, increasing the likelihood of inadequate interpretation and violation of confidentiality.

- Low-income families are often limited in options for both private and public transportation. While the availability of public transportation services is improving, there is limited service to outlying areas and they may not be convenient or affordable for many families. Many families have a single vehicle that is used for transportation to work the most important priority for them. This increases the likelihood that other family members are unable to access health and social services and childcare. Teens without driver's licenses and cars must rely on school or public transportation, family members, or friends. This is a frequent reason that they are unable to continue their education.

- A wide variety of eligibility criteria, including income and immigration status, affect the ability to obtain needed services in all three strategic areas. Low-income working parents often are ineligible for services because they make incomes just above the eligibility levels for different programs.

- Immigrant families must cope with many adjustments including the loss of social support provided by their traditional society and, in many cases, their extended family. Parenting practices that were effective in their countries of origin often need to be modified or changed to foster optimal development and opportunities for success in our communities. Decision-making about health, parenting, and other social issues are culturally influenced. Many of these families have had to adapt to loss and overwhelming changes in their lives and some struggle with mental health problems.

- Cultural competency and respectful treatment should be a key consideration in planning and delivering services to families so that interventions are acceptable and effective. Many families have stated that being treated respectfully is important in their interactions. Culturally influenced knowledge, attitudes, beliefs, values, and behaviors must be addressed in effective service delivery.

- Merced County rates for indicators of maternal and child health, such as early entry to prenatal care, rates of breastfeeding, parent educational levels, rates of childhood anemia and dental disease, are often among the lowest of the counties throughout the state. Currently, many children do not receive recommended preventive health care. Immunization rates, while improving, still fall well below the recommended goals. Improving these indicators will require addressing all strategic areas of this plan.

- Many service programs are tied to categorical funding that limit the services they can provide. Limited funding and the requirements for activities to be completed can limit service delivery and comprehensiveness.

- Data for assessing the current state of needs, for measuring progress toward improved outcomes in the three strategic areas, and for evaluating the efficacy of project services is limited. Developing data sources to plan and evaluate program activities needs to be a major priority for this funding.

IMPROVED CHILD DEVELOPMENT: CHILDREN LEARNING AND READY FOR SCHOOL

Needs

Parents and professional service providers have identified a wide variety of needs related to child development, early childhood education, and childcare. Many of these needs were summarized in the Merced County Local ChildCare Planning Council's recent Five-Year Plan. The problems and needs can be categorized by child, parent, and provider perspectives.

Children's needs include:

- Care from knowledgeable, responsive caregivers that understand how to foster early childhood development.
- Care from consistent caregivers that foster trusting and secure relationships.
- Care in safe, healthy environments that include good nutrition and opportunities for physical, cognitive, and social development.
- Protection from all forms of abuse.

Parent needs include:

- Education and assistance to best help their children's physical, emotional and cognitive development within the family. This is especially true among teenage parents and parents with limited English language and literacy skills.
- Educations for parents, to help them successfully prepare their children for school.
- Access to low-cost books, toys, and materials to foster optimal childhood development.

- Information about what quality early childhood education and childcare should consist of and how quality care impacts their children's optimal development.
- Increased knowledge of available early childhood education and childcare options and the pro's and con's of different options. More specifically, parents need information about the differences between exempt care provided by other family, friends, or neighbors and care provided by public or private licensed centers and licensed day care homes.
- Affordable childcare or assistance with childcare costs for low-income families. Increased governmental subsidies or employer-supported assistance are needed. Partially subsidized care would be very helpful for many low-income families who are working or going to school.
- Flexible hours of childcare with more access to care in the early morning, evening, nights, and weekends.
- Increased access to infant and toddler care in all communities.
- Childcare for special needs children and sick children.
- Assistance with application for subsidies.
- Transportation that allows coordination of work or school with out-of-home early childhood education and child care.

Early childhood education and childcare provider needs include:

- Adequate salaries and benefits to retain trained child care staff in licensed centers and day care homes.
- Prompt payment for services with simplified payment systems.
- Consistent policies for eligibility and payment requirements across different subsidy sources.
- Training for working with special needs children.
- Training for both exempt and licensed providers on a variety of topics for infants and very young children including ways to foster optimal development, safety, nutrition, and health.
- Subsidized food programs for all children who qualify.
- Non-English-proficient providers need assistance with becoming licensed care providers.
- Access to consultation from health care professionals and other experts on child development, specific problems with children and their families, or aspects of service delivery.
- An ombudsman or other resource for resolving problems that occur with clients or payment programs.

Gaps and Barriers

Gaps and barriers identified in the community assessment process that affect child development, early education, and child care include:

- Transportation that allows coordinating early childhood education and/or child care with school for teen parents and parents wishing to continue their education, especially English language education.
- Transportation that allows coordinating early childhood education and/or child care with work or Cal-Works work activities for families with one car or no personal transportation.
- There is no training or educational requirements for license-exempt child care providers who are paid with governmental subsidies or who are paid directly by parents.
- Attracting and retaining trained early childhood education and childcare providers is difficult with the low wages and poor benefits associated with this work.
- There are not sufficient quality control standards for monitoring of childcare providers.
- There is not enough capacity for subsidies or nutrition programs for all eligible families to receive benefits.

- Lack of adequate facilities and service capacity limits the services that could be provided, especially among early childhood education programs such as Head Start.
- Categorical childcare subsidy programs have different eligibility and participation requirements causing confusion among parents and providers and creating barriers to enrollment.
- There needs to be a greater capacity for cooperative day-care groups or other parent-organized sources of care.
- There is an increased risk of having abusive child care providers when children are in license-exempt care, especially care that does not have the requirement for the provider to be screened for a criminal history.

Resources and Strengths

Resources and strengths for early child development, early childhood education and childcare include:

- Both public and private licensed childcare providers are found in all county communities.
- Childcare program recipients reflect the ethnic make-up of the communities they serve.
- The care provided by extended families is an asset that should be supported with additional resources.
- Childcare providers in Merced County have a history of collaboration among themselves and with public agencies.
- There is a capacity for provider training within the community, primarily from Children's Services Network and Merced College.
- Identified resources for the Children and Families population are:

1) Merced County Local Child Care Planning Council
2) Children's Services Network
3) Merced County Community Action Agency Head Start Child Development Services
4) Migrant Head Start Child Development Services
5) State Preschools and Child Development Centers
6) Private child care centers.
7) Private schools that run morning and afternoon preschool programs.
8) Merced County Office of Education—Preschool Specialist Program, Danielson Infant Care
9) Challenged Family Resource Center
10) Family Resource Council.

IMPROVED FAMILY FUNCTIONING: STRONG FAMILIES

Needs

The needs impacting healthy functioning of families are many and vary greatly among families. Among these needs are:

- Parenting education. Parents need help in obtaining skills to foster their children's physical, mental, emotional, and social development and to provide appropriate discipline. Parenting as they were parented may not provide for children's current needs.

- English-language and literacy skills. These communication skills impact parental abilities to teach their children, their ability to access information and services, and their ability to obtain employment that meets the family's needs.
- Substance abuse and tobacco cessation treatment. This impacts the parent's ability to provide consistent and nurturing parenting and also decreases the financial assets available to meet the families needs.
- Job training and employment opportunities. Unemployment and underemployment make providing for basic needs such as food and shelter a challenge for many families. The traditional role of provider is compromised and creates additional stress in families.
- Mental health and counseling services. Mental health problems and family dysfunction have a negative effect on the development of the very young child. Pre-existing and postpartum depression increases the risks to infant development.
- Assistance with obtaining adequate food, shelter, clothes, and utilities. Some families report not having sufficient food throughout the month. Clothing and assistance with payment for basic utilities (electricity, water, and emergency telephone services) are frequently identified needs. Safe and adequate living environments are another need.
- Domestic violence prevention and intervention services. Domestic violence affects all aspects of a family's functioning and can profoundly affect the development of infants and very young children. Teens and immigrant women have special needs for these services. Substance abuse may be a contributing factor.
- Child abuse prevention and intervention. Helping parents to learn and practice more effective parenting skills, providing social support, identifying and treating substance abuse, and addressing family violence are among the aspects to this problem.

Gaps and Barriers

- Parenting education in traditional classes are not well attended. There needs to be a variety of creative strategies for providing parenting education.
- Living in outlying areas, language barriers, and social isolation limit parents' knowledge of available resources and access to them.
- Seasonal employment and a lack of work opportunities for those with limited literacy and English language skill make obtaining an adequate income difficult for many families.
- Limitations of publicly funded categorical programs hamper comprehensive service delivery.
- Mental health and counseling services do not meet existing needs.

Resources and Strengths

Resources and strengths for family support include:

- A history of collaboration among agencies to provide services to families.
- Recent improvements in public transportation services show that these services are receptive to community needs and are willing to participate in planning for future growth.
- Unexpended TANF funds may be used to develop additional support services for families.
- Identified resources for the Children and Families population are:

    1) Child Welfare Services, including the Cal-Learn Program
    2) Cal-Works
    3) Public Health Services, including the Young Parents Program
    4) Aspira Foster Care
    5) A Woman's Place
    6) Alcohol and Drug Services

7) Mental Health
8) Merced Community Action Agency's food and shelter programs
9) Family Resource Council
10) Lao Family Community
11) Healthy House
12) LOVE, Inc., Catholic Social Services, Salvation Army, St. Vincent de Paul, the Potters Field, and many other faith-based families support groups.
13) Central Valley Regional Center.

IMPROVING CHILD HEALTH: HEALTHY CHILDREN

Needs

The health status of women of childbearing age and very young children in Merced County warrant substantial improvement. The problems and needs can be categorized by perspectives of women of childbearing age, infants, and children through age five.

Women of childbearing age needs include:

- Access to family planning and preconception health care so that all pregnancies are planned and women are prepared for pregnancy. This issue is one affected by access to health care services, education, personal beliefs, and family decision-making.
- Earlier entry to prenatal care and improved utilization of prenatal care. Adequate prenatal care decreases the risks of pre-term birth and low birth-weight, both of which are associated with prolonged or permanent health problems and disabilities among infants and children. Adequate prenatal care provides for treatment of sexually transmitted diseases, pre-existing chronic health care problems, and pregnancy related conditions such as gestational diabetes, all of which affect birth outcomes. Access to other services that help facilitate appropriate use of health care and support services such as WIC, food programs, etc.
- Appropriate education about :
    a) adequate nutrition, including folic acid intake and benefits of breastfeeding ,
    b) healthy lifestyle practices including exercise and avoiding sexually transmitted diseases,
    c) danger signs of pregnancy,
    d) avoiding environmental toxins such as lead and pesticides, tobacco smoke, alcohol, and other illicit or psychoactive drugs that affect the development of the fetus,
    e) postpartum care and family planning.
- Appropriate education about infant care, nutrition, injury prevention, dental health, mental health, and other health and development-related topics.
- Relationships free of violence that increases stress, risk of injury, and likelihood of poor pregnancy outcomes.
- Education about the health and development of their children.

Infants and children through age five needs include:

- A prenatal environment that is free of tobacco, alcohol, and other drugs to decrease the risk of birth defects and other developmental problems.
- Regular well-child preventive health-care, including all recommended immunizations to prevent disease, and also for early identification and treatment of health problems.

- ❖ Continuous health care insurance available for preventive health care services, including dental and vision care, pharmacy services, and diagnostic and treatment services, including hospitalization.
- ❖ Improved nutrition to decrease the risk of nutrition-related health problems, including anemia, obesity, under-weight, and dental caries.
- ❖ Increased rates of breastfeeding to provide optimal infant nutrition, increased immunity from communicable diseases, and decreased risk of baby-bottle bottle tooth decay, ear infections, and Sudden Infant Death Syndrome (SIDS).
- ❖ Access to specialty care for handicapping and chronic health conditions.

Gaps and Barriers

A variety of gaps and barriers impact the health status of the target population and impact the delivery of health care services. These include:

- ❖ Transportation and childcare are barriers to receiving care, especially for families living outside the city of Merced. Health care providers may need to refer patients to additional services, such as diabetes education, high-resolution ultrasounds, genetic counseling, and treatment for handicapping health conditions among the children, that may require even more complex transportation and child care arrangements.
- ❖ Children who do not have legal immigration status (undocumented) are qualified only for emergency care, if Medi-Cal is their source of health care insurance. Recently, California Kids; a low-cost program targeting undocumented children has become available to cover limited services including vision and dental care. However, few children are currently covered. Other services may be covered by State of California Extended Access Program (SCEAP), but funding and follow-up is limited.
- ❖ The health beliefs of immigrants and other cultural groups are often different from those of western healthcare providers, increasing the challenges of developing effective plans of care that are acceptable to the consumer.
- ❖ The English-language proficiency and literacy levels of many pregnant and parenting women limits their ability to access services and to obtain needed education about pregnancy and their children's care.
- ❖ Some health care providers do not accept Medi-Cal, or other special funding for low income children, as a source of payment.
- ❖ Many health care providers have limited interpretive services, especially for the Southeast Asian languages and Punjabi. This leads to use of family members as interpreters or simply to not being able to use the services of these providers.
- ❖ Many of the specialty care services for high-risk pregnancies and infant health conditions require out-of-county travel to services.
- ❖ Dental care for children under the age of three is very limited.
- ❖ Case management programs such as Comprehensive Perinatal Services Program (CPSP) in approved provider offices and Public Health MCH and Nursing services help some women to access services in addition to routine obstetrical care, but the resources are limited and many more women need assistance to access services.
- ❖ Home visiting services for newborns, especially high-risk newborns, are limited in capacity.

Resources and Strengths

Resources and strengths for the target population's optimal health status include:

- Health care services are located in communities throughout the county.
- There is an increased capacity for dental health services in the community.
- An increasing number of clinic facilities and services located in smaller communities.
- Outreach and enrollment assistance for Healthy Families and Medi-Cal enrollment. Although limited in scope, the resources developed since Healthy Families began have had a positive influence on increasing enrollment.
- The number of trained interpreters is increasing through the continued provision of formal training through Healthy House and the Department of Public Health.
- Identified resources for the health of the Children and Families population include:

1. Private and community clinic health care providers exist in most county communities, many with bilingual staff. These include Golden Valley Health Centers, Inc., Livingston Medical Group, Bloss Hospital Rural Health Clinic, Delhi Rural Health Clinic, and Memorial Hospital Los Banos Rural Health Clinic.
2. Public Health Services, including California Children Services (CCS), Child Health and Disability Prevention (CHDP) Program, Public Health Nursing, Perinatal Outreach and Education, Young Parents Program, Immunization Program, Communicable Disease, Lead Poisoning Prevention Program, Children's HIV Program, Health Education (Tobacco Control), and the Refugee Program.
3. Mercy Hospital and Health Services, including Healthy Generations, is a resource for childbirth education and other community health education.
4. Sutter Merced Medical Center, including childbirth, infant nutrition, and other community health education.
5. Memorial Hospital and Outpatient Clinic in Los Banos
6. Dos Palos Memorial Hospital and Clinic
7. Merced Community College offers low cost Childbirth Education Classes.
8. Women Infants and Children (WIC) Supplemental Nutrition Program
9. Merced County Office of Education Infant Care, Schelby School, Special Education Preschool Programs, and Children's Roundtable
10. Challenged Family Resource Center
11. Healthy House
12. Medi-Cal And Healthy Families Outreach Programs

-6-

FOCUS GROUP FINDINGS

The Children and Families Commission and the Technical-Professional Advisory Committee (TPAC) actively solicited wide public input into the best possible use of funds to serve children and parents of Merced County. Committee participants agreed to conduct a community needs assessment using a series of focus groups to be held throughout the county. The TPAC placed no restrictions on the number of attendees or the types of groups to include in this process. The groups ranged in size from one or two people to large forums convened for community functions. An effort was made to include wide representation of ethnically, culturally, geographically, and demographically diverse residents of the county. Several group leaders were either bi-lingual or used interpreters to solicit input in the languages of Spanish, Lao, Hmong, and Punjabi.

The TPAC wanted each focus group to address the three long-range outcomes, or strategic results identified by the State Commission: Improved Child Health--Healthy Children, Improved Child Development--Children Ready for School, Improved Family Functioning--Strong Families.

Three questions were developed for the focus groups, to be preceded by an explanation that "There is a lot of money coming to Merced County to make life better for families with young children (from before birth to age five). How would you spend this money?"

- **To help children be healthy?**
- **To help families to care for their children and to help there children be ready for school?**
- **To help families to work well together/or to help families raise responsible children?**

By November 23, 1999, forty-nine focus groups were conducted with a reported number of 384 attendees. The actual number of total participants in focus groups may be closer to 400 considering that reports from eight events provided no estimates of attendance. In addition, Merced Lao Family Community, Inc. provided information from an annual survey of 100 South East Asian Families, which brings the total number of focus groups to fifty with an estimated 500 respondents.

Focus groups were held in the largest cities in the county, with twenty-eight in Merced, four in Atwater, and eight in Livingston in venues that drew some attendance from surrounding suburban and rural areas. To assure geographic representation, committee members specifically targeted smaller communities in the county. There were three focus groups held in Hilmar, three in Planada, and one in Le Grand. One focus group was conducted at a parent advisory meeting for Ballico/Cressey schools. One PITD Youth Services Class drew nine young adults from Atwater, Le Grand, Winton, Planada, and Merced. A Head Start Parent Policy Council was interviewed and included representatives from Le Grand, Gustine, Atwater, and Merced. Reports were received on one focus group each in Los Banos and Dos Palos.

In order to address concerns that were identified in the TPAC meetings, an attempt was made to solicit information from parents at all ranges of the economic and social spectrum, and in various age sets. To that end, the views of men and women who were in drug treatment and diversion programs, victims of domestic violence, teen parents, students at an ESL class, parents of special

needs children, and WIC recipients were collected along with the views of business owners and professionals who work with parents and children. In addition, the group reported the views of foster parents, grandparents, group home workers, day care providers, factory workers, families at a Sikh temple, AmeriCorps tutors and Migrant Head Start programs.

Comments were solicited from the Municipal Advisory Councils of unincorporated communities of the county which drew concerned citizens-at-large. Input was also formally solicited from each of the city councils throughout the county, as well.

A complete listing and description of the fifty focus groups that were conducted is included as Appendix D.

Verbatim responses from the public in the focus groups follows:

What People Said about Improving Child Health

"How would you spend this money to help children be healthy?"

IMPROVE NUTRITION FOR CHILDREN

- Teach parents about nutrition
- Teach parents to purchase less expensive non-brand foods (parents with limited English proficiency buy from pictures of expensive advertised brands)
- Educate parents to get children to school in time for breakfasts provide by schools.
- Talk to kids about good eating habits.
- Emphasize the importance of breakfast to kids and parents.
- Create a Breastfeeding promotion:
  - Train doctors and other health care providers on benefits
  - Ensure hospitals have a policy on breastfeeding promotion
  - Pay for breastfeeding "peer counselors"
  - Provide newborn wellness kits
  - Use Media to promote acceptance of breastfeeding in public
  - Talk about breastfeeding as a way to prevent tooth decay
  - Lactation consultants while moms are in hospital - maybe LaLeche
  - Provide breastfeeding support/demonstration to all parents regardless of upper/lower income guidelines.
- Expand hours of WIC clinics to non-WIC participants
- Ask WIC to consider culture of origin for Hmong families by offering:
  - More choices than cheese
  - More choices than peanut butter
  - To change rules to Asian Foods, rice, versus meat milk cereals
- To be responsive to clients treat with patience and don't make always make them wait.
- Give extra food and money to families with disabled children and parents.
- Initiate "Healthy Eating" programs
- Provide home visits by Certified Nursing Assistants to evaluate nutritional needs of children.
- Provide more food to Hmong families and support traditional teachings about healthy eating in pregnancy and other times.
- Reduce sugar in children's diets, especially South East Asian Children.
- Teach parents to counter food ads on TV.
- Provide Vitamins.

EDUCATE PARENTS ABOUT HEALTH CARE ISSUES.

- Give more classes on health issues in pregnancy and in hospitals before parents leave with newborns.
- Make parenting/health classes with strings attached to public assistance and services to insure attendance.
- Set-up other ways to get more health care information to parents, i.e., at clinics, doctor's offices.
- Offer fun classes in nutrition and food preparation, cooking low cost foods.
- Use radio/T.V., Internet to educate parents about nutrition.
- Teach proper menus for children.
- Offer more Health Fairs.
- Teach parents what to look for when child is ill.
- Teach families fitness type activities that are fun and healthy.
- Provide fun pamphlets for children about nutrition
- Provide pamphlets at all health providers about how to get assistance, how to work with children, how to be a parent, and how to give or get quality childcare.
- Provide classes or workshop on dental hygiene and nutrition.
- Provide a parent advisor in each office/clinic treating young children to answer questions before and after birth issues.
- Teach parents how to identify children who abuse drugs and provide clinics.
- Create media education on prenatal care—billboard, TV spots,
- Create WIC presentations to address specific family needs, not just videos.
- Make classes mandatory for high school seniors on raising children.
- Educate parents to limit baby bottle use and to limit excessive intake of sodas.
- Teach parents how to follow-up doctor's instructions after an exam is completed.
- Educate parents about effects of drugs, smoking, second hand smoke and alcohol on a fetus and on asthmatic children.

CREATE ACCESS TO IMMUNIZATIONS

- Offer immunization programs in Hilmar, a "shot van" to schools and pre-schools.
- Educate parents to importance of immunizations
- Offer free immunizations
- Offer more immunization programs, 1 per week in each town. More promotion of immunization schedule.
- Update local doctors on shots needed for school.
- Provide follow-up for immunizations.

RESOLVE HEALTH COVERAGE AND INSURANCE ISSUES.

- Have insurance for all children 0-5.
- Increase employer-funded health insurance.
- Provide more low-cost health insurance.
- Expand medical coverage to families/children who are not currently insured.
- Need more service providers who accept all types of insurance
- Offer low-income health programs for children.
- Make low-cost insurance more valuable to providers (clients feel they wait longer, have shorter visits, have doctors who act annoyed with them.)
- Provide more information to young mothers about free State Insurance programs for young children.
- Provide insurance to families who work in the fields.
- Make Medi-Cal available for adults applying for residency.
- Need Denti-Cal for adults.

- Help with dental care—some insurance doesn't cover or it is expensive.
- Need dental practices that accept Medi-Cal.
- Help with paying too many high deductibles—they inhibit Dr. visits.
- Provide medical care for families who don't qualify for assistance.
- Expand regular doctor's hours to include late in day and weekends for working parents.
- Create Medical Stamps, like Food Stamps.
- Need adaptive equipment for many middle income children who do not qualify for California Children's Services and other programs that provide bath seats, AFO's, touch screen computers, tumble forms, wheel chair lifts—not covered by insurance—paying for these may create hardships to siblings in families.
- Make medical services to children 1-5 free, regardless of family income.
- Make Medi-Cal pay for dental braces for children.
- Help with prescription costs when there is no health insurance.
- Provide assistance for parent's paying for Asthma Medications ($150).
- Provide financial assistance for high cost medical procedures.
- Improve access to healthcare coverage to reduce ER visits families wait until people become really sick.
- Increase CHDP follow-up.
- Have the county pay for circumcisions.

IMPROVE ACCESS TO MEDICAL SERVICES, DENTAL CARE, AND HEALTH SCREENING.

- Ensure that all children have prenatal care.
- Provide visiting nurses to all newborns.
- Allow mothers to stay home with newborns for six months to a year.
- Provide prenatal care for teens and very young mothers.
- Provide transportation to appointments (mentioned several times.)
- Help mothers get children to regular checkups.
- Have interpreters available in health care settings for understandable answers to questions.
- Use interpreters to help patients understand--not family members.
- Need service providers to take more time to explain things and respect us as parents.
- Have an educator besides the doctor at health clinics to answer questions about development and health issues and to teach about western medicine.
- Offer well-child clinics and other medical services in Hilmar, Planada.
- Use several mobile vans or motor homes for well baby and immunization clinics.
- Offer services on weeknights, weekends--more access to clinics so that people can come any time.
- Provide school nurses for pre-school programs to help teachers spot health problems and to consult with staff about ways to educate parents.
- Provide lower-cost prescriptions.
- Need dental practices that accept very young children.
- Provide school-based health, dental and vision screenings.
- Provide free dental, eye, and hearing exams from a mobile unit (mentioned several times).
- Create more and better technology for infant care.
- Faster service for young children in emergency rooms.
- Create a hospital just for children, like in Fresno.
- Give transportation stipends for families to get to regularly scheduled and emergency appointments at Valley Children's, Doctor's, UCSF, and Stanford.
- Need transport for sick/fragile children to go to and from appointments for families without air-conditioning or with unreliable cars.

- Need medical interpreters in the county but also to accompany patients to services for specialty appointments out of county.
- Increase availability of doctor's appointments.
- Get doctors to make home visits for physicals and shots.

IMPROVE ACCESS TO MEDICAL SERVICES FOR UNDER-SERVED POPULATIONS

- Get pregnant moms to the doctor or get the doctor to them.
- Re-open the clinic in Le Grand.
- Make more than ER available for places like Planada.
- Improve services in ER rooms for children.
- Need to help parents get sick children to hospital (when spouse working.)
- Transportation to hospital or doctor unavailable in country.
- Provide free transportation.
- Improve health care for migrant workers.
- Offer vision exams for adults.
- Provide free dental care for lower and middle class families.
- Provide speech therapy for children who don't qualify for speech/language intervention because they are not delayed in other developmental areas.
- Serve more children considered "marginal".
- Improve basic service delivery to Southeast Asian families in food, clothing, housing, financial, health care, health insurance and funds for immunizations and other simple medical needs.
- Treat all families the same in clinics whether they are patients or not.
- Help children with disabilities get transplants.
- Need transportation between Ballico/Cressey and Livingston for doctors.
- Need doctors and nurses who understand Spanish.
- Teach immigrant populations about Western medicine and the right questions to ask doctors.

OTHER IDEAS REGARDING HEALTH AND SAFETY ISSUES

- Test, hold accountable, and monitor parents with drug abuse histories.
- Create a strong inpatient/outpatient teen drug abuse prevention and treatment program, especially for pregnant teens and teens with children.
- Another domestic violence shelter on the West Side of the county.
- Provide tobacco education for young kids through video or learning module in day care/ pre-school programs.
- Provide anti-smoking information and education for young mothers.
- Provide parks with separate equipment for small children.
- Have separate rooms for sick and healthy children in childcare centers to prevent spread of germs.
- Cut taxes.
- Put in new water supply in Le Grand.
- Construct a medical clinic in Le Grand.
- Buy first aid and emergency kits for all home and day care centers in county.
- Put in an accessible park for children with disabilities.

What People Said About Improved Family Functioning: Strong Families

"How would you spend this money to help families to work well together or to help families raise responsible children?"

OFFER MORE SUPPORT GROUPS, MENTAL HEALTH AND COUNSELING SERVICES.

- Teach communication between couples.
- Provide low-cost marriage counseling and therapy for families.
- Expand the hours for counseling services to after 5.
- Establish support groups for parents to encourage open discussions about depression, fears, loneliness and abuse addictions and encourage single parents to attend.
- Hold support groups for single parents at pre-schools with childcare provided.
- Provide workshops or conferences for new parents and for large families with childcare provided.
- Help parents cope with problems, do earlier interventions before problems are serious.
- Offer family support phone lines to answer parenting support in times of crisis.
- Inform parents about nurse call-in programs at hospitals.
- Create a family support center with free/low cost counseling and support groups.
- Make emotional/mental health services available for all children.
- Provide therapy and social services in small rural communities like Planada.
- Provide more foster homes and CPS workers for abused children.
- Create a safe and protected facility for supervised visitations.
- Open more recovery homes for women/mothers with drug/alcohol problems.
- Support shelters for women and children.
- Support counseling activities for batterers.
- Open a transitional home for women (coming from recovery homes, domestic violence shelters, homeless shelters, etc.) with children 0-5.
- Locate central, one-stop service around/near transitional homes but with community access as well.
- Educate divorcing parents to raise children together and more effectively.
- Have divorcing parents go to counseling and mediation to be better parents.
- Provide anger management training.
- Prevent youth crime by supporting family unit, preventing the breakdown of the family.
- Inform families about whereabouts and services of mental health centers.
- Overcome reluctance of families to talk about problems or about services to be better parents.
- Provide transportation to counseling services.
- Get schools involved in helping parents with marital problems because children are the ones who get caught in the middle of fighting parents.
- Teach parents/families conflict resolution skills.
- Provide more/better case management and follow-up, i.e., mentoring programs.

EDUCATE PARENTS AND FUTURE PARENTS TO IMPROVE KNOWLEDGE AND SKILLS.

- Publicize services through pre-school programs, schools, churches etc.
- Publicize services through Hilmar Times, Turlock Journal, Modesto Bee—not just Merced Sun Star.
- More parenting classes, more accessible.
- Teach kinds of discipline parents may legally use in parenting classes.

- Hold parenting classes locally and have some of them for men only.
- Provide parenting classes for unwed fathers and young fathers to learn basic hands-on skills and the importance of fathers in the lives of children.
- Create a service that comes to new parents' homes to assist with newborns and give parents a break.
- Provide parenting classes for both parents and their children.
- Create a learning training center for 0-5 years of age.
- Teach stress management.
- Create a peer mentor program.
- Encourage teen parents to become peer counselors/educators of junior high students.
- Expand Young Parents Program, regardless of whether on aid or not.
- Share information in Junior High Classes about resources and services for teens.
- Help parents talk with teens about health and life issues.
- Information for teens who are not in programs, to access services.
- Provide classes for both care givers and parents to attend together.
- Educate parents about how to share age-appropriate responsibilities with children.
- Teach discipline skills in parenting classes.
- Provide workshops for parents, on various topics, as well as parenting classes.
- Offer parenting classes for grandparents.
- Teach parents and children responsibility.
- Teach active parenting, self-esteem workshops, family picnics.
- Involve parents in health education.
- Provide parenting classes in Spanish and other languages.
- Help migrant families stay in one place and establish roots.
- Offer classes for parents during winter months for migrant/agriculture workers.
- Provide guidance to families about teaching children good manners, good attitudes and social skills to help families fit into mainstream culture.
- Teach financial independence and guidance toward careers to immigrant families.
- Change lack of access to services by undocumented families.
- For immigrant families, support the culture of origin and the new culture.
- Motivate parents to attend classes (ESL.)
- Offer self esteem education for parents and children 0-5.
- Prevent children getting into gangs at young age.
- Improve communication between teachers and parents.
- Create hands on child development program for the whole family, family time activities.
- Put out a monthly newsletter with activities to do at home and in community.
- Hold town meetings for families to share resources and services.
- Hire a children's librarian at the county library.
- Open library for longer hours and pay students to read to children.
- Create a lending library for parents and reading groups for parents at libraries.
- Make computers available for younger children.
- Make programs open to all regardless of income—people who are not on aid as well as people on aid.
- Allocate more money to reach parents with special needs.
- Provide more respite services for parents of children who do not qualify for regional center services i.e., Muscular Dystrophy, blind, deaf, mental health issues.
- Offer specialized childcare that is often unaffordable/unavailable—so parents can renew relationships.
- More Special Olympics for young children.
- Give in-services to service providers about children with disabling conditions.
- Reinforce head lice education and assist parents with head lice control.

- Institute more censorship of television programs, children get ideas from TV.
- Teach children to say no to drugs and sex at an early age.
- Assist parents to communicate better with teachers.
- Let families who are "in between welfare and wealthy" know what is available to help them.
- Help immigrant families and others protect children from violence.
- Teach parents what schools expect of them—like providing health care records and how their children will be expected to adjust socially.
- Provide public service announcements in various languages about health and social services available.
- Provide more public health nurses.
- Conduct a countywide campaign on responsible parenting and no second-hand smoke with an "international" symbol to be used on key chains and window decals.

IMPROVE SYSTEMS AND INFRASTRUCTURE FOR FAMILIES, PROVIDE MATERIAL SUPPORT.

- Offer more transportation, better, longer hours to outlying areas of the county.
- Improve transportation services for mothers and infants.
- Provide more places for parents to take children. Parks are not safe, with poor or non-functioning equipment. Kids are out riding bikes with nothing to do.
- Organize sports or activities for children and their parents.
- Create more family entertainment.
- Enlarge the zoo.
- Create more activities at the farmers market like a petting zoo and others.
- Expand a service like the clothes closet to include toys, strollers and highchairs.
- Clean parks, clean fast food places, clean restrooms in all public places.
- Create Kid's Days in park or fairgrounds for parent/child interactions and learning.
- Create free days at ballparks, zoos, etc. for parents with young children.
- Encourage more restaurants to have play spaces like Chucky Cheese had.
- Provide more after school activities.
- Provide transportation for organized sports.
- Upgrade school security, screening people who come on public school grounds.
- Upgrade school crossings: put police there, make harsher penalties, double fines, make them more distinguishable.
- Open Migrant Head Start centers throughout the year.
- Provide High School Diploma/GED and job skills training for single mothers regardless of income/welfare status.
- Create a free one-stop multi-language assistance agency to help consumers fill out forms, applications, etc., and to advocate for them in obtaining aid, housing, prenatal care, medical care, WIC, food, etc.
- Provide education about safe installation of car seats and child restraint systems.
- Provide free helmets for bicycle riders.
- Better housing.
- Additional housing assistance money, similar to Section 8.
- Landlords do not listen when there is a problem, they need to listen and fix things.
- Low income housing for teens.
- Good jobs.
- More information distributed about resources for helping people find jobs through E.D.D. and Internet.
- Job fairs.
- Counseling and training to put people into job market.
- Education on life/self esteem/individual and social settings.

- Supplement pay of new employees—subsidized county work and training program.
- Easier access to healthcare.
- Offer Boys and Girls Clubs/Big Brother Big Sisters to outlying areas.
- Used clothing store with Dress-For-Success clothes for Welfare to Work.
- Create a Youth Center in Planada with a safe, modern building, swimming school, playground for toddlers inside and outside the center.
- Improve street safety for children in Planada.
- Crack down on fathers who don't pay child support.
- Offer low income housing regardless of credit or past activities.
- Provide services in a one-stop center.
- Provide a parent center with counseling services and a room for parents to investigate other resources in the area.

OTHER IDEAS

- Teach Southeast Asian children to respect their parents by example: by respecting parents in front of their children--inform providers and others in the community to do this.
- Provide places for Southeast Asian families that support their beliefs and values.
- Create a mandatory work program for all children to give them responsibility and prepare them for the future.
- Provide more information about pesticides in order to avoid contaminating children.
- Three groups expressed need for services for older children (didn't agree that Prop 10 should be for early childhood only.)

What People Said About Improved Child Development: Children Learning and Ready for School

"*How would you spend this money to help families to care for their children and to help their children be ready for school?"*

PROVIDE MORE AVAILABILITY AND ACCESS TO PRE-SCHOOLS AND QUALITY CHILDCARE

- Give more scholarships and subsidies for pre-schools, and provide lunches.
- Expand Pre-schools and Head Start (economically).
- Create more and enhanced Migrant Head Start programs—extend to year-round.
- Extend the hours of all Head Start programs and expand population served beyond current income guidelines.
- Involve parents in pre-school education.
- Lower the age for pre-school.
- Add technology to Day Care centers.
- Support Home Schooling.
- Create a two-week course for children to teach them discipline, getting along with other children, and what will be expected of them in school.
- Provide free after-school childcare for kids.

EDUCATE PARENTS TO PREPARE CHILDREN FOR SCHOOL

- Provide free childcare for parenting classes.
- Educate parents about the cognitive/brain development needs of children.
- Teach parents the importance of school and how to talk to their child's teacher.
- Teach parents what kids need to know to be ready for school.
- Assist parents with language and literacy skills so they can teach them to children.

- Provide more ESL opportunities for parents.
- Start ESL for children 0-3 years old.
- Provide parent education about reading to children.
- Give access to books and educational materials for parent/child interaction.
- Give inexpensive paperbacks to encourage parents.
- Help parents teach basics like colors.
- Publicize childcare referral services.
- Teach creative ideas to parents for interacting with kids.
- Provide activity boxes for parents and children, to include books, toothbrushes, other health items and educational games for parents to play with children.
- Create a mobile library.
- Give suggestions for appropriate TV.
- Teach non-TV physical activities for parents/children.
- Teach parenting classes in Spanish language.
- Teach parents to teach basic socialization skills.
- Teach parents computer skills so they can keep up and interact with kids.
- Provide access to more educational toys.
- Have parenting education classes in apartment complexes with mentoring.
- Have parenting ed. classes in families' homes with mentors.
- Improve access and transportation to educational opportunities like children's reading groups.
- Provide educational programs for parents with handicapped children.
- Provide more special education programs for children 3 and over.
- Increase disability awareness in the community through education programs—target teens and others in community.
- Provide development educational programs for premature babies.
- Provide training in math skills to parents and children.
- Use radio to educate parents, in Spanish, Portuguese, Hmong, and etc. languages.
- Create parent involvement programs for after 5 p.m.
- Involve parents in more school activities and help parents interact with children.
- Provide more open parenting classes.
- Provide more educationally based programs like Infant Care that are geared to providing interventions.
- More preventive care health programs.

OFFER MORE AND BETTER CHILDCARE.

- Extend day care hours to include 6 a.m. to 6 p.m.
- Pay more childcare staff so that hours can be extended.
- More day care for infants to age 2.
- Assure that childcare is caring and increase quality to equal Merced College Child Development Center.
- Provide Head Start for even younger children.
- Create childcare resources for all income levels.
- Provide free childcare for working parents.
- Conduct strong and frequent quality control procedures for day care providers.
- Conduct childcare classes for childcare providers.
- Call-in childcare referrals service and specific help for single mom's looking for daycare.
- Centralized childcare for multiple need for families, like assistance with paperwork.
- Provide financial and other support for mothers at home with children.
- Provide after school childcare to 5:30.
- Educate childcare providers to identify and work with children who are not quite special needs, but challenging behaviorally.

- Educate children and parents to understand children with disabilities.
- Emergency daycares for sick children, drop-in and other kinds of respite childcare.
- Provide childcare for teen moms/parents.
- Create a developmental center for children 0-5 and parents on sliding fee scale or free, to be run like a youth center.
- Conduct field trips; provide gymnastics for motor skills, roller-skating.
- Create an amusement park.
- Provide more county-supported childcare.
- Provide training for providers to serve migrant/Hmong families to get ready for school.
- Reimburse relatives for childcare, because parents can trust them.
- Provide gas for babysitters to transport children to and from school.
- Provide CPR First Aid for unlicensed childcare providers.
- Improve access to childcare for families who do not meet low-income or Migrant eligibility requirements.
- More childcare services all ages including school age children.
- Increase childcare services (infant, preschool and school age) in Livingston.
- Build a new childcare center in Livingston.
- Provide more subsidized childcare services for middle income families.
- Need a government-funded child care service in Cressey, especially for farm workers.
- "We need … (for) your program (Livingston Child Development Program) receives more children even if we need to pay a fee".
- Provide childcare services for the weekends for families who work at businesses like Foster Farms that work all hours.
- Need child care for infants.
- Provide better training to all daycare providers.
- Teach children conflict resolution skills.

PROVIDE FOR BASIC PHYSICAL AND SAFETY NEEDS FOR SCHOOL READINESS

- Transportation, low or no cost with people to assist as needed.
- Clothing/clothing stamps.
- Clothing packs for foster parents.
- Food and clothing assistance that goes all year long rather than in holiday collections.
- Help families pay for school uniforms.

OTHER IDEAS

- Send community volunteers into neighborhoods to inform about services and provide transportation.
- Teach immigrant parents what schools will be like for kids.
- Provide help to caretakers.
- Allow parents to be home more with kids instead of scraping by (40hrs/wk each.)
- Put up billboards and posters addressing health care issues.

-7-

PROGRAM AND SERVICE FUNDING PRIORITIES

Following the community assessment process, the TPAC met in three (3) sessions to consider the concepts and findings of the assessment process as well as to solicit the knowledge and expertise of the members in the development of recommendations on those types of programs and services that might be considered for funding by the Commission. The Committee concluded that in addition to the three (3) focus areas of Healthy Children, Strong Families and Children Ready for School, a fourth focus area to include programs and services applicable to and encompassing all of the primary focus areas was necessary and it was entitled Improved Service Delivery for Families - Healthy Community Systems.

In each focus area, the Committee structured several broad goals noted in numerical sequence for quick reference but not in any priority sequence. Under each broad goal, various programs or service strategies or activities were identified which support the achievement of the broad goal. Each strategy, or activity, is identified with a sub-number listing for reference. The strategies are not listed in any priority sequence.

These focus areas, broad goals and more specific service strategies or activities are intended to provide the Commission with the basis for making decisions about distribution of funds within the community and to guide potential applicants for those funds in the preparation of proposals which will achieve the intent of the Children and Families Act with the target population.

The Committee also concluded that there should be some overall philosophies, principals and expectations of any services funded by the Commission that should be incorporated into project proposals as well.

Service Philosophy Statements

- All services provided with the support of the Merced County Children and Families Commission funding will be respectful of the families served and will be based upon a mutually agreeable plan for services developed with these families.
- Services will reflect the diversity in language, culture, geographic location, socio-economic status, and educational and literacy levels of the families.
- Services should support prevention, early intervention, as well as follow-up beyond the immediate crisis or need.
- Services may be home-based, agency-based, or delivered in other innovative and family-accessible settings.
- Services will be comprehensive to address child development, child health, and improved family functioning.
- Services must directly affect children from before birth to age five.
- Services will provide advocacy for children and their families, as well as teach them to advocate for themselves.

IMPROVED SERVICE DELIVERY FOR FAMILIES – HEALTHY COMMUNITY SYSTEMS

1. FACILITATE COORDINATION AND INTEGRATION OF SERVICE PROVIDER AND CONSUMER NETWORKS by supporting:

1.1 Efforts to increase the utilization of existing programs.
1.2 Development of centralized resources, such as registries and resource lists.
1.3 Private-public partnerships between government funded programs/agencies and faith based and/or volunteer organizations.

2. ASSURE THAT SERVICE DELIVERY IS CULTURALLY AND LANGUAGE APPROPRIATE AND ALSO ADDRESSES CULTURALLY-INFLUENCED KNOWLEDGE, ATTITUDES, BELIEFS, VALUES AND BEHAVIORS by supporting:

2.1 Interpreter and cultural competency training for all service providers.
2.2 Interpreter and cultural brokering services.

3. ASSURE IMPROVED ACCESS TO ALL FAMILY, CHILD AND SUPPORT SERVICES by supporting:

3.1 Development and enhancement of in county and out of county transportation services.
3.2 Development and enhancement of programs designed to assist families to overcome barriers associated with the cost of transportation, especially for families with medically fragile children.
3.3 Increased availability of extended and more flexible hours of services.
3.4 Home visiting as a strategy for service delivery.
   a) Development and enhancement of home visiting programs for pregnant women, especially high risk and /or very young teens.
   b) Development and enhancement of home visiting programs for children, especially children living in high-risk environments and children with high-risk medical conditions.
3.5 Development and enhancement of case management services for women of childbearing age and children ages 0-5 years.
3.6 Respite, urgent, drop in and mildly ill child care services.

4. ASSURE LOCAL ACCOUNTABILITY FOR IMPROVING OUTCOMES by supporting:

4.1 Development of data collection systems and data analysis that are available, accessible, shared, integrated and confidential.
4.2 Development of quality assurance measures to be used for monitoring the effectiveness of delivery systems.
4.3 Outcome-based and collaborative research and projects.
4.4 Assistance to contractors for proposal development and for development of process and outcome evaluation measures.

IMPROVED FAMILY FUNCTIONING: STRONG FAMILIES

5. EDUCATE PARENTS TO PROMOTE CARING, EFFECTIVE AND RESPONSIBLE PARENTHOOD by supporting:

5.1 Programs promoting the use of effective parenting techniques and skills and that foster children's physical, mental, and social development.
5.2 Education and provision of ongoing support to parents of special needs children.
5.3 Mentoring programs.
5.4 Parental education to provide information and values about reducing risk-taking behavior.

6. INCREASE PARENTAL SELF-SUFFICIENCY by supporting:

6.1 Programs designed to improve English language and literacy skills.
6.2 Programs designed to assist families with budgeting and financial management.
6.3 Programs designed to improve parental ability to increase job skills and to obtain employment.

7. INCREASE THE AVAILABILITY OF SUPPORTIVE, HEALTH, EDUCATION, AND SOCIAL SERVICES FOR FAMILIES by supporting:

7.1 Prevention and interventions that decrease exposure to domestic violence.
7.2 Prevention and early interventions for child abuse.
7.3 Prevention and intervention services for women of childbearing age, especially during pregnancy and immediately postpartum.
7.4 Support services for families with additional stress caused by parenting children with special needs, caring for dependent elderly family members, etc.
7.5 Increased respite services for families with disability or chronic illness.
7.6 Advice and referral services.
7.7 Counseling services to help families with conflict resolution and family dysfunction.
7.8 Programs designed to prevent and treat substance abuse (alcohol, drugs).
7.9 Tobacco cessation programs.
7.10 Mental health interventions for the treatment of depression and other mental health problems.
7.11 Services that promote healthy environments, including avoidance of second-hand smoke and other environmental toxins such as lead and pesticides.

8. INCREASE AVAILABILITY AND ACCESS TO ADEQUATE FOOD, SHELTER, CLOTHING, AND BASIC UTILITIES by supporting:

8.1 Programs that assist families in obtaining supplemental food and clothing.
8.2 Access to safe, adequate housing.
8.3 Access to basic lifeline utilities.
8.4 Supplemental meal programs for pre-school children.

IMPROVED CHILD DEVELOPMENT:
CHILDREN LEARNING AND READY FOR SCHOOL

9. INCREASE PARENTAL KNOWLEDGE OF EARLY CHILDHOOD DEVELOPMENT AND THE PARENTAL ROLE IN FOSTERING OPTIMAL DEVELOPMENT by supporting:

9.1 Comprehensive parent education, starting prior to conception and continuing through age five, in order to foster the development of healthy, socially responsible children.

9.2 Programs designed to improve parental abilities to provide for their children's physical, cognitive, emotional, and social growth, including children at risk for, or with special needs.

9.3 Increased access to libraries, books and other learning resources.

10. INCREASE PARENT AND SERVICE PROVIDER KNOWLEDGE OF DIFFERENT OPTIONS FOR EARLY CHILDHOOD EDUCATION AND CHILDCARE AND THE BENEFITS OF EARLY CHILDHOOD EDUCATION by supporting:

10.1 Parent and provider education about childcare options available and resources for payment for these services.

10.2 Parent and provider education about early childhood education options available and resources for payment for these services.

10.3 Access to information about childcare and early childhood education through use of technology such as the Internet.

11. INCREASE THE CAPACITY FOR QUALITY EARLY CHILDHOOD EDUCATION AND CHILDCARE by supporting:

11.1 Development of quality assurance standards and monitoring programs for early childhood education and childcare services.

11.2 Development of data collection systems to better understand childcare needs, availability of services, and program evaluation.

11.3 Assistance for providers to hire and retain well educated experienced staff through adequate wages, benefits, and continuing education.

11.4 Enhancement of technical assistance and training for service providers in business development, meeting licensing requirements, accessing additional services such as food subsidy programs, and facilities enhancement.

11.5 Enhancement of technical assistance and training for licensed and license-exempt providers in the areas of health, safety, child development, parenting education, working with special needs children, and resources for families.

11.6 Development of parent-organized childcare.

11.7 Opportunities for parents to improve their ability to provide early childhood educational experiences.

12. INCREASE ACCESS TO QUALITY EARLY CHILDHOOD EDUCATION AND CHILDCARE by supporting:

12.1 Expansion of existing "best practice models", such as Head Start.

12.2 Assisting parents who have financial barriers to obtaining services.

12.3 Development of additional childcare services for infants and toddlers.

12.4 Development of non-traditional hours of childcare including early morning, evening, night, and weekends.

12.5 Development of services for respite care, sick childcare, drop-in care and other urgent needs.

13. INCREASE THE COOPERATION AND COMMUNICATION BETWEEN PARENTS, EARLY CHILDHOOD EDUCATION AND CHILDCARE PROVIDERS, AND SUBSIDIZED PAYMENT PROVIDERS by supporting:

13.1 Support services to resolve confusion about program participation requirements payment requirements, and delays in provider payment between parents and providers, etc.

13.2 Support services to help parents and providers address problems, such as abuse or special needs, that are related to early childhood education.

IMPROVED CHILD HEALTH - HEALTHY CHILDREN

14. ASSURE ACCESS TO COMPREHENSIVE, QUALITY HEALTH CARE SERVICES FOR WOMEN OF CHILD-BEARING AGE AND CHILDREN 0-5 YEARS by supporting:

14.1 Access to family planning and pre-conception health care services.
14.2 Development and expansion of teen pregnancy prevention services.
14.3 Services that reduce barriers to early and continuous prenatal care.
14.4 Screening for domestic violence in all health care settings for women of childbearing age.
14.5 The concept that all children need a medical home.
14.6 Well child health services from birth to school entry with emphasis on early detection of health problems, immunizations and guidance for child development and safety issues.
14.7 Increased availability of dental and vision services for children ages 0-5 years.
14.8 Support and increase availability of specialty and ancillary health care services.
14.9 Assure optimal health care coverage (insurance, government supported health plans) for all children ages 0-5 years and for women needing prenatal care including:
  a) Employer based health coverage for full and part-time employees in public as well as in private business, and
  b) Assistance with application for health care coverage programs for low-come families.

15. PROMOTE COMMUNITY HEALTH EDUCATION by supporting:

15.1 Education about healthy pregnancy and childbirth outcomes including nutrition and healthy lifestyle practices.
15.2 Education about postpartum care and family planning.
15.3 Education about health during infancy, including breastfeeding, nutrition, injury prevention, dental health, mental health, and other health and development-related topics.
15.4 Education about the health of children young children, including nutrition, injury prevention, dental health, and mental health and other health and related topics.
15.5 Programs to increase community awareness about the harmful effects of environmental toxins, including lead, pesticides, and second-hand smoke.
15.6 Programs to increase community awareness about the health risks associated with high risk lifestyle practices, including substance abuse, alcohol abuse, smoking, high risk sexual behavior, and domestic violence.
15.7 Programs designed to reach high-risk families with health education.
15.8 Programs designed to increase community and parental knowledge about improving child dental health.
15.9 Education targeting early childhood education and care providers.
15.10 Strategies to recognize and encourage culturally based health practices that promote good health in the target population.

16. INCREASE AND ENHANCE SERVICES FOR WOMEN OF CHILDBEARING AGE AND CHILDREN WITH HEALTH CARE NEEDS
by supporting:

16.1 Expansion of local diagnostic and specialty care providers for high-risk pregnant women, high-risk newborns, and children with handicapping and/or chronic health conditions.

16.2 Improved screening and intervention services for pregnant women who are high risk for domestic violence.

16.3 Facilitating and enhancing transportation services for high risk pregnant women and medically fragile children.

16.4 Enhancement of financial aid available to families needing assistance with transportation, housing, and respite services when out of town diagnostic and treatment services are needed.

16.5 Coordination and case management services among the hospital, out patient services and the family.

16.6 Home visiting services for families with children with special needs.

These 16 goals and 80 strategies in four focus areas represent the types of programs and services that the Commission may fund during the initial years of the implementation of the Children and Families Act. These goals and strategies may be adjusted, as necessary, in successive years with the development of additional knowledge of early childhood development issues in Merced County and in response to the outcomes and results delivered from the initial investment of funds.

-8-

INDICATORS AND DESIRED OUTCOMES FOR PROGRAM AND SERVICE FUNDING PRIORITIES

The following matrix is designed to outline the goals and strategies for the Strategic Plan, along with suggested indicators for measuring results and long and short term outcomes for evaluating the success of proposed projects. Analysis of the results and outcomes will be used to evaluate needs for future planning of services targeting women of child bearing age and children 0 - 5 years. The indicators and the long and short term outcomes are intended to be examples only. The Strategic Plan is not designed to be prescriptive, but to encourage prospective projects to be creative and innovative, within the intent of the Children and Families Act of 1998.

Strategic Result: Improved Service Delivery: Healthy Community Systems			
Goal	**Strategy**	**Examples of Indicators**	**Long and Short Term Outcomes**
1. Facilitate coordination and integration of service provider and consumer networks.	1.1 Support efforts to increase the utilization of existing programs. 1.2 Support the development of centralized resources, such as registries and waiting lists. 1.3 Support private-public partnerships between government funded programs/agencies and faith based and/or volunteer organizations.	• Number of private/public partnerships in the community. • Participation in collaboratives and groups addressing such issues as facilitation of entry into service systems, coordinated and non-duplication of effort, service delivery, standardization of service delivery and systems for sharing information • Dissemination of current resource lists and information, such as providers accepting Medi-Cal and or Healthy Families and licensed childcare providers.	• Increase in the number of successful referrals of children to services for screening, early intervention for developmental delays and other special needs through expanded interagency relationships, training and improved systems. • Families and young children will receive services that are respectful of the family's role in decision-making, are confidential, and are minimally invasive of the family's privacy.
2. Assure that service delivery is culturally and language appropriate considers educational and literacy-level, and also address culturally influenced knowledge, attitudes, beliefs, values and behaviors.	2.1 Support interpreter and cultural competency training for all service providers. 2.2 Support interpreter and cultural brokering services.	• Number of trained interpreters in the community. • Number of bilingual, bicultural service providers. • Number and types of child and family services available and delivered in locally appropriate languages other than English.	• Increased availability of trained interpreters at service sites. • Increased provision of culturally and linguistically appropriate services that also consider educational and literacy levels. • Parents will understand how to use services.

Goal	Strategy	Examples of Indicators	Long and Short Term Outcomes
3. Assure improved access to all family, child and support services.	3.1 Support the development and enhancement of in-county and out-of-county transportation services. 3.2 Support the development and enhancement of programs designed to assist families to overcome barriers associated with the cost of transportation, especially for high-risk pregnant women and medically fragile children. 3.3 Support increased availability of extended and more flexible hours of services. 3.4 Support home visiting as a strategy for service delivery. a) Development and enhancement of home visiting programs for pregnant women, especially high risk and/or very young teens. b) Development and enhancement of home visiting programs for children, especially children living in high-risk environments and children with high-risk medical conditions.	• Numbers of traditional and non-traditional hours and types of access to transportation services. • Number of conveniently located service sites, co-located with other service providers and community-based organizations, or multi-disciplinary home based services. • Rates of missed appointments • Number of services with expanded and flexible scheduling. • Number of children and families served by home visitation programs.	• Transportation will not be a barrier to services. • Improved access to family, child and support services. • Transportation will be appropriate and individualized. • Increase in the number of high-risk children and families receiving appropriate referrals and intervention (i.e., substance abuse, treatment, child abuse intervention, and job preparation support). • Decreased incidence of poor pregnancy outcomes.
4. Assure local accountability for improving outcomes.	4.1 Support the development of data collection systems that are available, accessible, shared, integrated and confidential. 4.2 Support the development of quality assurance measures to be used for monitoring the effectiveness of delivery systems.	• Types of process and outcome data available from project and program evaluations. • Number of services with quality evaluation monitoring systems.	• Projects will demonstrate accountability for their results. • Progress towards development of comprehensive data collection and data analysis systems that are available, accessible, shared, integrated and confidential. • Improved community understanding about the effectiveness of service systems.

Goals	Strategy	Examples of Indicators	Long and Short Term Outcomes
	4.3 Support outcome-based and collaborative research projects. 4.4 Provide technical assistance to contractors for proposal development and for development of process and outcome evaluation measures.		• Improved community understanding about the status of families.

Strategic Result: Improved Family Functioning: Strong Families			
Goal	**Strategy**	**Examples of Indicators**	**Long and Short Term Outcomes**
5. Educate parents to promote caring, effective and responsible parenthood.	5.1 Support programs that promote the use of effective parenting techniques and skills and that fosters a child's physical, mental, and social development. 5.2 Support education and the ongoing support to parents of special needs children. 5.3 Support mentoring services. 5.4 Support parental education to provide information and values about reducing risk-taking behaviors.	• Number of parents receiving some form of parenting education. • Number of parent education classes/opportunities available. • Number of woman of childbearing age or children's caregivers entering substance abuse treatment services. • Number of infants born with prenatal substance abuse related conditions. • Number of teen births. • Number of parents in parent-to-parent support.	• Reduction in incidence of alcohol, drug abuse and tobacco use in families with children ages 0-5 years. • Reduction in number of drug and alcohol related incidents involving children age's 0-5 years. • Decrease in teen birth rate. • Increase in the number of infants born free of prenatal substance exposure. • Increase in number of parents of young children participating in prevention and treatment programs like mental health, domestic abuses and drug treatment. • Reduction in number of children in Foster Care.
6. Increase parental self-sufficiency.	6.1 Support programs designed to improve English language and literacy skills. 6.2 Support programs designed to assist families with budgeting and financial management. 6.3 Support programs designed to improve parental ability to increase job skills and to obtain employment.	• Local unemployment rates. • Numbers of families receiving Temporary Assistance for Needy Families (TANF)	• Increased capacity for English as a Second Language (ESL) instruction. • Increase in the number of families able to provide for children's basic needs and to obtain services for their children.

Goal	Strategy	Examples of Indicators	Long and Short Term Outcomes
7. Increase the availability of supportive, health and social services for families.	7.1 Support prevention and intervention services that decrease exposure to domestic violence. 7.2 Support prevention and early intervention that decreases the incidence of child abuse. 7.3 Support programs designed to improve parental ability to increase job skills and to obtain employment. 7.4 Support services for families with additional stress caused by parenting children with special needs, caring for dependent elderly family members, etc. 7.5 Support increased respite services for parents with disability or chronic illness. 7.6 Support advice and referral services. 7.7 Support counseling services to help families with conflict resolution and family dysfunction. 7.8 Support programs designed to prevent and treat substance abuse (alcohol, drugs). 7.9 Support tobacco cessation programs. 7.10 Support mental health interventions for the treatment of depression and other mental health problems. 7.11 Support services that promote healthy environments, including avoidance of second-hand smoke and other environmental toxins, such as lead and pesticides.	• Incidence of domestic violence. • Number of children in Foster Care and/or voluntary family maintenance plans. • Number of child abuse reports. • Number of pregnant women and/or parents entering substance abuse programs. • Number of families receiving home visitation services. • Numbers of teens using tobacco. • Number of children referred and accepted into Mental Health treatment services.	• Increased capacity to provide parent support services. • Increase in the number of children living in safe supportive environments. • Increase in number of families and children who have received appropriate supportive services before school entry. • Increase in the number of high-risk families receiving appropriate referrals and voluntary interventions (i.e., substance abuse treatment, child abuse intervention, and job preparation support). • Increase availability and access to Mental Health services.

Goal	Strategy	Examples of Indicators	Long and Short Term Outcomes
8. Increase availability and access to appropriate food, shelter and basic utilities.	8.1 Support programs that assist families in obtaining supplemental food and clothing. 8.2 Support access to safe, adequate housing. 8.3 Support access to basic lifeline utilities. 8.4 Support supplemental meal programs for pre-school children.	• Number of homeless families. • Housing authority waiting list. • Number of children served by supplemental food programs (i.e., WIC, community meal and food distribution programs) • Number of children receiving supplemental food in day care programs.	• Increased number of children living in safe, adequate homes. • Increase in the number of children receiving adequate food.

Strategic Result: Improved Child Development: Children Ready to Learn			
Goal	**Strategy**	**Examples of Indicators**	**Long and Short Term Outcomes**
9. Increase parental knowledge of early childhood development and the parental role in fostering optimal development.	9.1 Support comprehensive parent education, starting prior to conception and continuing through age five in order to foster the development of healthy, socially responsible children. 9.2 Support programs designed to improve parental abilities to provide for their children's physical, cognitive, emotional, and social growth, including children at risk for, or with special needs.	• Number of children who have attended pre-school/early childhood development programs prior to entering Kindergarten. • Number of children at risk of and with diagnosed disabilities that are receiving appropriate services prior to school age. • Availability and use of libraries, books and other learning resources. • Parent participation in child's educational events.	• Increase in number of children entering Kindergarten deemed ready to learn. • Increase in regular school attendance. • Increase in the number of children who successfully completed first grade without being retained. • Increase in the percentage of children reading by the third grade.
10. Increase parent and service provider knowledge of different options for early childhood education and childcare and the benefits of early childhood education.	10.1 Support parent and provider education about childcare options available and resources for payment for these services. 10.2 Support education about the early childhood education options available and resources for payment for these services. 10.3 Support access to information on childcare and early childhood education through technology such as the Internet.	• Capacity to provide parent resource and referral services.	• An increase in the number of informed consumers and service providers who are knowledgeable about early childhood education and child care options.

Goal	Strategy	Examples of Indicators	Long and Short Term Outcomes
11. Increase the capacity for quality early childhood education and childcare.	11.1 Facilitate the development of quality assurance standards and monitoring programs for early childhood education and childcare services. 11.2 Support the development of data collection systems to better understand childcare service needs availability of services and for program evaluation. 11.3 Support assistance for providers to hire and retain well-educated, experienced staff through adequate wages, benefits, and continuing education. 11.4 Support enhancement of technical assistance and training for service providers in business development, meeting licensed requirements, accessing additional services such as food subsidy programs and facilities enhancement. 11.5 Support enhancement of technical assistance and training for licensed and license-exempt providers in the areas of health, safety, child development, parenting education, working with special needs children, and resources for families. 11.6 Support the development of parent-organized childcare. 11.7 Support opportunities for parents to improve their ability to provide early childhood educational experiences.	• Number of childcare providers able to access employment benefits, including adequate wage. • Availability of support services for early childcare providers. • Access to and support for continued education and training for childcare providers. • Number of children on waiting lists for childcare. • Number of available licensed childcare/early childhood development spaces for children 0-2 and 2-5. • Number of children with developmental delays and other special needs that have access to quality child care programs. • Number of child care providers who have received technical assistance and training. • Number of parent organized childcare options in the community.	• Increase in the availability of childcare services meeting quality standards. • Increase in the number of children receiving quality childcare. • Increased community understanding about the status of childcare in the community. • Improvement of working conditions and compensation equal to the highest comparable salaries in the county for childcare workers. • Improvement in the educational level and preparation of childcare providers. • Increases in the number of licensed child care providers. • Increase in parental knowledge about how to provide early childhood educational experiences.

Goal	Strategy	Examples of Indicators	Long and Short Term Outcomes
12. Increase access to quality early childhood education and childcare.	12.1 Support expansion of existing "best practice models", such as Head Start. 12.2 Support assisting parents who have financial barriers to obtaining services. 12.3 Support the development of additional childcare services for infants and toddlers. 12.4 Support the development of non-traditional hours of childcare including early morning, evening, night, and weekends. 12.5 Support the development of services for respite care, sick childcare, drop-in and other urgent needs. 12.6 Support elimination of transportation barriers.	• Number of childcare facilities meeting "best practice model" standards. • Number of childcare facilities meeting "best practice model" standards providing services to infants and toddlers (0-3 years) and children with special needs. • Number of children receiving early assessment and referral.	• Increased number of children deemed ready for school entry. • Increased provision of early childhood education. • Increased provision of early assessment and appropriate referral.
13. Increase the cooperation and communication between parents, early childhood education and childcare providers, and subsidized payment providers.	13.1 Support services to resolve confusion about program participation requirements, payment requirements, delays in provider payment between parents and providers, etc. 13.2 Support services to help parents and providers address problems, such as abuse or special needs, that are related to early childhood education.	• Number of children who lose childcare subsidies because of special program eligibility and participation requirements. • Number of providers of subsidized childcare services who receive late or no payment.	• Common eligibility and participation requirements for subsidized care providers.

Strategic Result: Improved Child Health: Healthy Children			
Goal	**Strategy**	**Examples of Indicators**	**Long and Short Term Outcomes**
14. Assure access to comprehensive, quality health care services for women of childbearing age and children 0-5 years.	14.1 Support access to family planning and pre-conception health care services. 14.2 Support services that reduce barriers to early and continuous pre-natal care.	• Incidence of pre-term delivery and/or low birth rate. • Incidence of early childhood caries • Incidence of anemia	• Improved prenatal and postnatal infant and maternal nutrition and health status. • Increase in the percentage of infants born with normal birth weights.

Goal	Strategy	Examples of Indicators	Long and Short Term Outcomes
	14.3 Support and increase availability of dental and vision services for children age's 0-5 years. 14.4 Support screening for domestic violence in all health care settings for women of childbearing age. 14.5 Support and increase the availability of specialty and ancillary health care services. 14.6 Assure that all children have a medical home. 14.7 Assure optimal health care coverage (insurance, government supported health plans) for all children in Merced County 0-5 years and for women needing pre-natal health care services by: a) Supporting employer based health coverage for full and part-time employees in public as well as in private business, and b) Supporting efforts to assist families to apply for health care coverage programs for low-income children.	• Number of children screened and receiving appropriate follow-up for environmental lead exposure. • Number of children on Medi-Cal, Healthy Families. • Number of CHDP screens done. • Number of children with asthma (hospital discharge data, ER visits, and eligible for CCS). • Trimester of entry into prenatal care. • Unintentional death rates for 5 and under. • Unintentional injury rates for 5 and under. • Number of children fully immunized by age 2 and by age 5. • Number of overweight/underweight children. • Neonatal and post neonatal mortality rates. • Number of children born with birth defects. • Childhood death report for children 5 and under. • Numbers of children receiving lead screening.	• Increase in the percentage of children 0-5 with regular primary care provider. • Increase in the percentage of children 0-5 with up-to-date immunizations at age 2 and at entry to Kindergarten. • Decrease in the number of children with dental caries, especially untreated dental caries. • Decrease in the number of child visits to emergency rooms for conditions related to environmental exposure to tobacco. • Increase in the number of children appropriately receiving mental health services. • Increase in the number of women enrolled in existing or new programs providing perinatal services to women.
15. Promote community health education.	15.1 Support health education programs to promote healthy pregnancy and childbirth outcomes, i.e.: nutrition and healthy lifestyle practices. 15.2 Support health education programs to promote post-partum care and family planning. 15.3 Support health education programs to promote health during infancy, i.e.; breastfeeding, nutrition, injury prevention, dental health, mental health and other health and	• Number of infants who are breast-feeding. • Capacity and access to nutrition education services. • Availability to affordable and accessible activities promoting physical activities for families with young children. • Numbers of fathers participating in childbirth education. • Participation in car seat education and low-income distribution programs. • Rates of childhood death and injury from motor vehicle accidents.	• Decrease in the number of children who are malnourished, overweight, underweight, or anemic. • Decrease in the number of children born to parents with substance abuse. • Decrease in childhood injury (intentional and unintentional). • Reduced use of tobacco, alcohol and drugs during pregnancy. • Increase in the number of children receiving services for special needs. • Decrease in deaths and injuries related to traffic accidents.

Goal	Strategy	Examples of Indicators	Long and Short Term Outcomes
	development related topics. 15.4 Support health education programs to promote the health of young children, ie: nutrition, injury prevention, dental health, mental health, and other health and development related topics. 15.5 Support increased community awareness about the harmful effects of environmental toxins, i.e., lead, pesticides, and second-hand smoke. 15.6 Support increased community awareness about the health risks associated with high-risk lifestyle practices, i.e., drugs and alcohol, high-risk sexual behavior, and domestic violence. 15.7 Support health education programs designed to reach high-risk families. 15.8 Support programs designed to increase community and parental knowledge about improving child dental health. 15.9 Support education targeting early childhood education and care providers.		
16. Increase and enhance services for pregnant women and children with special health care needs.	16.1 Facilitate the expansion of local diagnostic and specialty care providers for high-risk pregnant women, high-risk newborns, and children with handicapping and/or chronic health conditions. 16.2 Improve screening and intervention services for pregnant women who are at risk for domestic violence.	• Numbers of normal birth weight infants. • Numbers of women receiving prenatal diagnostic testing. • Number of infants receiving services from the Newborn Hearing Screening Program. • Numbers of referrals to special care clinics.	• Early identification and appropriate intervention for special health risks or identified programs. • Decrease in long term complications related to special health care needs. • Children will enter school already having received interventions for special health care needs.

Goal	Strategy	Examples of Indicators	Long and Short Term Outcomes
	16.3 Facilitate and enhance transportation services for high-risk pregnant women, high-risk newborns and medically fragile children. 16.4 Promote enhancement of financial aid available to families needing assistance with transportation, housing and respite services when out-of-county diagnostic and treatment services are needed. 16.5 Support coordination and case management services between the hospital, out-patient services, and the family. 16.6 Support and enhance home visiting services for families with children with special needs.	• Number of high-risk children and women receiving home visiting services.	

-9-

ALLOCATION AND MANAGEMENT OF FISCAL RESOURCES

The Merced County Children and Families Commission anticipates approximately $3.8 million per year in Proposition 10 funds in the initial years of funding with that amount declining over time. Funds collected in both FY 98-99 and FY 99-00 along with the allocation of planning funds, which are distributed in FY 99-00 will provide a substantial starting base of approximately $5.6 million for the Commission funding activities beginning July 1, 2000. All funds are held in an interest bearing account and all interest will remain with that account for eventual distribution by the Commission.

Administrative costs will be kept to a minimum at approximately 5% of the total annual allocation. Program staff will consist of a Typist Clerk and a Program Administrator, who will coordinate and support all Commission and TPAC meetings, will develop and monitor the project contracting process, provide technical assistance to funded and proposed projects, coordinate evaluation activities of funded projects and attend to the annual revision of the Strategic Plan and all other Commission reporting requirements. The Program Administrator will report to the Director of Public Health serving as the Ex Officio Secretary of the Commission.

The balance of the annual allocation after administrative costs will be distributed by the Commission through a Request for Proposal (RFP) process to those programs and projects among applicants determined to meet the priority funding goals and strategies established through the Strategic Plan. A copy of the RFP is included in Appendix E.

The Commission desires to retain maximum flexibility on the total amount to be made available and the type of programs and services and organizations that will be funded through the RFP process each year. During the annual budget process in January of each year, the Commission will establish the total amount to be made available for project commitments for the coming fiscal year. In FY 00-01 and again in FY 01-02 that amount will be up tp $3,500,000 each year assuming availability of funds.

The Commission will release the RFP upon adoption of the Strategic Plan and invite creative proposals from any interested organization which proposals are directly aligned with one or more of the program or service strategies described in the Strategic Plan.

The initial RFP response period will be April 1 to May 26, 2000. A Sub Committee of the Commission will evaluate proposals submitted and the full Commission will make the final awards at its June meeting. Individual project agreements will be executed with the successful proposals by July 1st of each year. A copy of the standard agreement is included in Appendix F. The funding cycle will be from July 1st through June 30th coinciding with the fiscal year of Merced County. The funding cycle for the first year will be from August 1, 2000 to June 30, 2001. The Commission will not accept unsolicited proposals outside of this process. A proposal may request funding for up to three (3) years with an annual renewal process documenting satisfactory project performance, and also as determined through an ongoing project monitoring process by the Commission staff. Approved projects will be funded with a one-time advance of one quarter of the total award and with a quarterly reimbursement of costs thereafter, unless the Commission approves an alternate payment plan as part of a specific proposal.

Revised 03/24/00

The Commission will not place any limits on the amount of the individual project awards but rather will evaluate and fund each project on its individual merits with the cumulative amount among all grants awarded not to exceed the total budgeted for all projects for that year.

The Commission retains the right to solicit proposals to address elements of the Strategic Plan which have not received attention through the RFP process or for program and service activities which the Commission feels warrants special emphasis. The Commission may hold a portion of the total budget for the year for projects in reserve for that purpose.

The Strategic Plan and the allocation process will be evaluated annually and adjustments made as deemed appropriate.

- 10-

EVALUATION PROCESS

Evaluation is an essential component of the Merced County Children and Families Strategic plan. The Commission is committed to the goal of improving the health and well being of young children in Merced by adopting an outcomes-based accountability framework to provide evidence of program effectiveness and to provide a basis for planning future improvements. Objective information about the quality and quantity of services is essential to the evaluation process in order to measure the outcomes resulting from proposed projects.

The Merced County Strategic Plan has been developed to impact four strategic results, or long-range outcomes.

- Improved Service Delivery: Healthy Community Systems
- Improve Family Functioning: Strong Families
- Improve Child Development: Children Learning and Ready for School
- Improve Child Health: Healthy Children

Achieving these results is a long-range process, beginning with an increased capacity to deliver services that will address the needs of families and young children in Merced County. Because improvements in services in the near future will result in measurable improvement in family and child outcomes over time, the evaluation will be based on both short-term and long-term results. Projects will be expected to develop individual evaluation plans that focus on progress toward short-term and long-term results. Recommended short-term and long-term results are outlined in the Merced County Strategic Plan and will be updated yearly.

Evaluation will address two types of measures:

- Process measures that quantify the service delivery process.
- Results based outcome measures that measure changes in the functioning and well being of families with women of childbearing age and young children. Results based outcome measures include:
    a) Improved delivery of services provided as a result of effective and integrated systems.
    b) Improved results (outcomes) for women of childbearing age.
    c) Improved results (outcomes) for young children.
    d) Improved results (outcomes) for families.

Data and indicators used to measure results (outcomes) should be:

- **Results-oriented:** Program characteristics or client status that will have a positive effect for families and young children.
- **Credible:** A measure of processes and results that are easily understood by professionals from different fields and by the public.

- **Accountability:** Measure results (outcomes) that are likely to result because of the program activities and characteristics.
- **Practical:** Data that can be regularly collected with a reasonable burden on the program.

Short-term Results

- Data collection can, and usually will, include indicators that can be logically related to results (outcomes). These indicators may be directly related measures (e.g. percentage of two-year-olds that are up-to-date with recommended immunizations). Indicators can be proxy measures that are related to outcomes (e.g. percentage of women with first trimester entry into prenatal care as a measure of adequate access to prenatal care). Outcomes, results, and indicators can also be population-wide (e.g. birth rate of teenagers 15-17 years of age) or child or family specific (e.g. changes in a child's cognitive skills). Examples of recommended short-term results are in the matrix described in Chapter 8 of this Strategic Plan document.

Long-term Outcomes

- The long-term result (outcome) for the Children and Families Act is a measurable improvement in the status of families and young children. The Merced County Children and Families Strategic Plan is consistent with the State Commission Strategic Plan guidelines. Long-term results (outcomes) for each strategic result are:

  Improved Service Delivery for Families as indicated by:
  - Families and young children will receive needed services by delivery systems that are integrated well coordinated, comprehensive, and easily accessible.
  - Families and young children will receive services that are respectful of the family's role in decision-making, are confidential, and are minimally invasive of the family's privacy.
  - Families and young children will have access to linguistically and culturally appropriate services that consider educational and literacy levels.
  - Information about the status of families and young children will be available through standardized data collection systems and methods of data analysis that are available, accessible, shared, integrated and confidential.
  - Evaluation information will result in continuous assessment and improvement of services delivered to families and young children.

  Improved Family Functioning as indicated by:
  - Parents with increased knowledge and an increased ability to provide effective and nurturing care, from the prenatal period through age five. This includes increased knowledge of child development and the ability to foster their children's physical, emotional, cognitive, and social development.
  - Parents able to provide for their children's basic needs, including food, clothing, and shelter, as these needs relate to the intent of the Children and Families Act.
  - A reduction in all forms of child abuse and domestic violence.
  - Families with an improved ability to practice lifestyle choices that increase the likelihood of their children obtaining optimal health and development.

  Improved Child Development - Children Learning and Ready for School as indicated by:
  - An increase in the number of children who attend school regularly.
  - An increase in the number of children entering kindergarten deemed "ready to learn".
  - An increase in the number of children who complete the first grade without being retained.
  - An increase in the number of children who read by the third grade.

- ❖ An increase in the percentage of children, including infants, toddlers and children with special needs who receive quality childcare.
- ❖ An increase in the number of children who receive care from committed and stable providers who have adequate salaries, benefits, improved working conditions and appropriate educational preparation.

Improved Child Health as indicated by:

- ❖ Improved access to comprehensive, quality, healthcare services for women of childbearing age and young children.
- ❖ Increase in the percentage of women of childbearing age and children receiving early diagnostic and treatment services.
- ❖ Increase in the percentage of women with healthy birth outcomes.
- ❖ Decrease in the percentage of children living in homes where there is abuse of tobacco, alcohol, or drugs.
- ❖ Decreases in the percentage of children who are absent from school because of illness or injury.

Evaluation will be done at three levels.

(1) Individual projects will be required to submit an evaluation plan with the original proposal. This will include the requirement for submitting quarterly progress reports that include evaluation data.
(2) The overall status of the funded projects, including data about the progress toward short-term and long-term results (outcomes), will be included in written quarterly reports to the County Commission by the Children and Families Program Administrator. There will also be an annual review of the overall status of the projects and prepared by the Program Administrator.
(3) The County Commission will submit an annual report to the State Commission reporting on progress towards long-term results and other required information.

Evaluation is an essential element for project accountability and measures success of the Children and Families Program projects. Evaluation is needed for the improvement of the quality of services and the status of families and young children in Merced County. Proposals should give careful attention to data collection and other assessment information and how it will be collected during the process of delivering services. It is anticipated that the local Commission will receive continual assistance and direction from the State Commission and that the evaluation process will be a continually evolving process. The Merced County Strategic Plan has been developed to allow maximum flexibility for local projects to begin the evaluation process.

GLOSSARY OF TERMS

Caregiver Person responsible for parenting the child/children.

CCS California Children Services - Program that provides medical case management and financial support to families with children who have catastrophically handicapping conditions.

CHDP Child Health and Disability Prevention Program - Provides comprehensive well child health screening and referral for low income children.

Commission The Merced County Children and Families Commission.

Committee The Technical Professional Advisory Committee (TPAC) appointed by the Commission.

Exempt Child Care **(or license-exempt child care)** Individuals who provide child care and have not chosen to become licensed. This care can be given by friends, relatives, baby-sitters, or nannies in the employer's own home (in-home care) or by home care providers who care for children from only one other family besides their own (children go to the provider's home for care). For either of these options, Trustline can be used. **Trustline** is a California registry of in-home child care providers who have passed a background screening that includes a fingerprint check to determine whether they have disqualifying criminal convictions or substantiated child abuse reports in California.

Family Children and their natural or adoptive parents or foster parents and/or other family members.

Goal A long-term (five to ten years) statement of desired change based on the vision statement.

Indicator Specific process or performance measure of the extent to which programs, services, or projects are achieving measurable results.

Licensed Child Care Child care facilities that provide non-medical care and supervision to children up to 18 years of age for less than 24 hours per day. The Community Care Licensing Division of the California Department of Social Services licenses these facilities after applicants meet specific legal requirements. There are two types of licensed facilities:

1. **A child care center** is normally operated outside the licensee's home and provides care for infants, toddlers, preschoolers and/or school-aged children. These centers are usually in a commercial building. Head Start, Migrant Head Start, State Preschools and child development centers are examples of child care centers that do not require direct payment for their services.

2. **A family day care home** is operated in the licensee's home and provides care for 14 or fewer children in a homelike environment.

MCH Maternal and Child Health, Local programs sponsored by Federal MCH Block Grant to assure access to quality health care for pregnant women and children. Programs provide case management and the core public health functions of assessment, policy development, and assurance.

Mission A specific statement of purpose for an organization.

Outcome Taken at a point in time, the actual measure of the extent to which programs, services, or projects are achieving measurable results.

Result A precise description of desired change that is short-term and measurable and supports the achievement of a specific goal.

- Process results measure the amount of specific interventions that have taken place within a predefined time frame in a given population.
- Outcomes are the measurable, quantifiable results that would be expected within a specific time period from the specific interventions to be undertaken.

Strategic Results The overarching direction, focus, or broad outcomes for improvement. The Children and Families Commission has chosen the following:

- Improved Service Delivery for Families: Healthy Community Systems.
- Improved Family Functioning: Strong Families.
- Improved Child Development: Children Learning and Ready for School.
- Improved Child Health: Healthy Children.

Strategy The course of action taken to achieve the stated result.

Subsidized Child Care Child care that is paid for by a governmental program with special eligibility requirements. Applicants usually are low-income. Examples are CalWORKs or Cal-Learn subsidized care or Federal Child Care Block Grant programs that are administered by the local resource and referral agency. Subsidized care can be licensed or license-exempt care, although trustline registry checks may be required.

TPAC Technical Professional Advisory Committee

Vision A broad, general statement of the desired future.

APPENDIX F - STANDARD AGREEMENT FOR FUNDED PROJECTS